


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT.**

FILED
Mar 17, 2005 08:00 AM
Secretary of State

DOCUMENT # 856097
1. Entity Name
DUTEX MANAGEMENT CORP.



Principal Place of Business Mailing Address
% PHILIP J. DAVIS % PHILIP J. DAVIS
100 INGALLS DR 100 INGALLS DR
PENSACOLA, FL 32506 PENSACOLA, FL 32506



03152005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2996975	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIS, PHILIP J
100 INGALLS DR
PENSACOLA, FL 32506

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COUTURIER, ETIENNE 13 RUE JOSEPH PASQUIER 1211 GENEVE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LOULODIS, NICOLAS 5 AV. RODIN, 75016 PARIS,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUNIER, JEAN 16 RUE CRESPIN 1206 GENEVE,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POA DAVIS, PHILIP J 100 INGALLS DR PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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03/17/05-80047-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Philip J. Davis PHILIP J. DAVIS 3/12/2005 (904) 813 4503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #